

|                          |                                      |                        |                      |
|--------------------------|--------------------------------------|------------------------|----------------------|
| SERFF Tracking Number:   | META-125615577                       | State:                 | Arkansas             |
| Filing Company:          | Metropolitan Life Insurance Company. | State Tracking Number: | 38741                |
| Company Tracking Number: | IDG08-20                             |                        |                      |
| TOI:                     | LTC03I Individual Long Term Care     | Sub-TOI:               | LTC03I.001 Qualified |
| Product Name:            | Individual LTCI Advertising          |                        |                      |
| Project Name/Number:     | IDG08-20/IDG08-20                    |                        |                      |

## Filing at a Glance

Company: Metropolitan Life Insurance Company.

|  |                              |                                  |
|--|------------------------------|----------------------------------|
| Product Name: Individual LTCI Advertising  | SERFF Tr Num: META-125615577 | State: ArkansasLH                |
| TOI: LTC03I Individual Long Term Care      | SERFF Status: Closed         | State Tr Num: 38741              |
| Sub-TOI: LTC03I.001 Qualified              | Co Tr Num: IDG08-20          | State Status: Filed-Closed       |
| Filing Type: Advertisement                 | Co Status:                   | Reviewer(s): Harris Shearer      |
|  | Author: Mary Rinaldi         | Disposition Date: 07/23/2008     |
|  | Date Submitted: 04/18/2008   | Disposition Status: Filed-Closed |
| Implementation Date Requested: On Approval |                              | Implementation Date:             |

State Filing Description:

## General Information

|   |  |
|---|--|
| Project Name: IDG08-20                          | Status of Filing in Domicile: Authorized |
| Project Number: IDG08-20                        | Date Approved in Domicile:               |
| Requested Filing Mode: Review & Approval        | Domicile Status Comments:                |
| Explanation for Combination/Other:              | Market Type: Individual                  |
| Submission Type: New Submission                 | Group Market Size:                       |
| Overall Rate Impact:                            | Group Market Type:                       |
| Filing Status Changed: 07/23/2008               |  |
| State Status Changed: 07/23/2008                | Deemer Date:                             |
| Corresponding Filing Tracking Number:           |  |
| Filing Description:                             |  |
| Re: Filing No. IDG08-20                         |  |
| Metropolitan Life Insurance Company ("MetLife") |  |
| Individual Long-Term Care Insurance Advertising |  |
| NAIC Company No. 65978 - FEIN No. 13-5581829    |  |

Dear Sir/Madam:

We enclose for filing electronic copies of the Individual long-term care advertising material described below. The

SERFF Tracking Number: META-125615577 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 38741  
Company Tracking Number: IDG08-20  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: Individual LTCI Advertising  
Project Name/Number: IDG08-20/IDG08-20

material is intended for use with the following approved Individual long-term care policy forms LTC2-IDEAL AR, LTC2-PREM AR, LTC2-VAL AR, LTC2-FAC AR approved by your Department on January 13, 2005 and LTC2007 AR approved on August 17, 2007.

The advertising material is new and does not replace any materials previously filed with your Department.

Advertising Form Number Brief Description of Invitation to Contract  
ADF#1786.07 Five common Long-Term Care misconceptions Brochure

- Since people in general have misconceptions about long-term care, this piece describes five of them. Then the true facts about these misconceptions are given. Facts are sourced as well. This advertisement will be used as handout/payroll stuffer to the client form the agent.

The NAIC form is enclosed and the filing fee check has been mailed to your Department.

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,  
Mary J. Rinaldi  
Consultant-Compliance Marketing/AD

## Company and Contact

### Filing Contact Information

Mary Rinaldi, Consultant- Compliance mrinaldi@metlife.com  
MKTG/AD  
Green Farms Road (203) 221-3859 [Phone]  
Westport, CT 06880

### Filing Company Information

Metropolitan Life Insurance Company. CoCode: 65978 State of Domicile: New York

SERFF Tracking Number: META-125615577 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 38741  
Company Tracking Number: IDG08-20  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: Individual LTCI Advertising  
Project Name/Number: IDG08-20/IDG08-20

1MetLife Plaza Group Code: -99 Company Type: Life  
Long Island City, NY 11101-4015 Group Name: State ID Number:  
(111) 111-1111 ext. [Phone] FEIN Number: 13-5581829  
-----

|                          |                                      |                        |                      |
|--------------------------|--------------------------------------|------------------------|----------------------|
| SERFF Tracking Number:   | META-125615577                       | State:                 | Arkansas             |
| Filing Company:          | Metropolitan Life Insurance Company. | State Tracking Number: | 38741                |
| Company Tracking Number: | IDG08-20                             |                        |                      |
| TOI:                     | LTC03I Individual Long Term Care     | Sub-TOI:               | LTC03I.001 Qualified |
| Product Name:            | Individual LTCI Advertising          |                        |                      |
| Project Name/Number:     | IDG08-20/IDG08-20                    |                        |                      |

## Filing Fees

|                  |          |
|------------------|----------|
| Fee Required?    | Yes      |
| Fee Amount:      | \$25.00  |
| Retaliatory?     | No       |
| Fee Explanation: | per form |
| Per Company:     | No       |

| COMPANY                              | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--------------------------------------|--------|----------------|---------------|
| Metropolitan Life Insurance Company. | \$0.00 | 04/18/2008     |               |

| CHECK NUMBER | CHECK AMOUNT | CHECK DATE |
|--------------|--------------|------------|
| 000913284    | \$25.00      | 04/10/2008 |

|                          |                                      |                        |                      |
|--------------------------|--------------------------------------|------------------------|----------------------|
| SERFF Tracking Number:   | META-125615577                       | State:                 | Arkansas             |
| Filing Company:          | Metropolitan Life Insurance Company. | State Tracking Number: | 38741                |
| Company Tracking Number: | IDG08-20                             |                        |                      |
| TOI:                     | LTC03I Individual Long Term Care     | Sub-TOI:               | LTC03I.001 Qualified |
| Product Name:            | Individual LTCI Advertising          |                        |                      |
| Project Name/Number:     | IDG08-20/IDG08-20                    |                        |                      |

## Correspondence Summary

### Dispositions

| Status       | Created By          | Created On | Date Submitted |
|--------------|---------------------|------------|----------------|
| Filed-Closed | Rosalind Minor (FM) | 07/23/2008 | 07/23/2008     |

|                                 |   |                               |                             |
|---------------------------------|---|-------------------------------|-----------------------------|
| <i>SERFF Tracking Number:</i>   | <i>META-125615577</i>                       | <i>State:</i>                 | <i>Arkansas</i>             |
| <i>Filing Company:</i>          | <i>Metropolitan Life Insurance Company.</i> | <i>State Tracking Number:</i> | <i>38741</i>                |
| <i>Company Tracking Number:</i> | <i>IDG08-20</i>                             |                               |                             |
| <i>TOI:</i>                     | <i>LTC03I Individual Long Term Care</i>     | <i>Sub-TOI:</i>               | <i>LTC03I.001 Qualified</i> |
| <i>Product Name:</i>            | <i>Individual LTCI Advertising</i>          |                               |                             |
| <i>Project Name/Number:</i>     | <i>IDG08-20/IDG08-20</i>                    |                               |                             |

## Disposition

Disposition Date: 07/23/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

|                          |                                      |                        |                      |
|--------------------------|--------------------------------------|------------------------|----------------------|
| SERFF Tracking Number:   | META-125615577                       | State:                 | Arkansas             |
| Filing Company:          | Metropolitan Life Insurance Company. | State Tracking Number: | 38741                |
| Company Tracking Number: | IDG08-20                             |                        |                      |
| TOI:                     | LTC03I Individual Long Term Care     | Sub-TOI:               | LTC03I.001 Qualified |
| Product Name:            | Individual LTCI Advertising          |                        |                      |
| Project Name/Number:     | IDG08-20/IDG08-20                    |                        |                      |

| Item Type           | Item Name  | Item Status  | Public Access |
|---------------------|--|--------------|---------------|
| Supporting Document | NAIC Form  | Filed-Closed | Yes           |
| Supporting Document | cover letter                                       | Filed-Closed | Yes           |
| Form                | Five common long-term Care misconceptions Brochure | Filed-Closed | Yes           |

|                          |                                      |                        |                      |
|--------------------------|--------------------------------------|------------------------|----------------------|
| SERFF Tracking Number:   | META-125615577                       | State:                 | Arkansas             |
| Filing Company:          | Metropolitan Life Insurance Company. | State Tracking Number: | 38741                |
| Company Tracking Number: | IDG08-20                             |                        |                      |
| TOI:                     | LTC03I Individual Long Term Care     | Sub-TOI:               | LTC03I.001 Qualified |
| Product Name:            | Individual LTCI Advertising          |                        |                      |
| Project Name/Number:     | IDG08-20/IDG08-20                    |                        |                      |

## Form Schedule

Lead Form Number: ADF#1786.07

| Review Status | Form Number | Form Type   | Form Name  | Action  | Action Specific Data | Readability | Attachment     |
|---------------|-------------|-------------|--|---------|----------------------|-------------|----------------|
| Filed-Closed  | ADF#1786.07 | Advertising | Five common long-term Care misconceptions Brochure | Initial |                      | 0           | ADF1786.07.pdf |



Metropolitan Life Insurance Company ("MetLife®")

MetLife®



# Fact or Fiction?

**the truth behind ...**

## Five common Long-Term Care Insurance **misconceptions**



### **misconception #one**

*"Long-Term Care Insurance is too expensive! Besides, I am healthy now so why not wait and save money?"*

#### **The facts:**

- The average monthly cost for a private room in a nursing home is \$6,479.<sup>1</sup>
- The approximate monthly cost for an average LTCI policy is \$190.<sup>2</sup>

Comparing the LTCI cost with the costs involved for appropriate care, you should ask, "Can I afford not to have Long-Term Care Insurance?" This is the most common reason given for not owning long-term care insurance. Yet according to LIMRA International, a market research organization, people who have never shopped for policies overestimate the cost by as much as five to 10 times.

### **misconception #two**

*"I don't need Long-Term Care Insurance because I won't need long-term care."*

#### **The facts:**

- 19% of Americans age 65 and older experience some degree of chronic physical impairment<sup>3</sup>
- 44% of individuals turning age 65 will at some point access nursing home care<sup>4</sup>
- According to the Centers for Medicare and Medicaid Services, about 10 million people of all ages need help with the basic tasks of daily living, and that number is projected to increase sharply as the population continues to age.

Given this information, why wouldn't you protect yourself against such a great risk?

ADF#1786.07

## misconception #three

*"Medicare will cover my long-term care needs."*

### The facts:

- Medicare only pays about 12% of short-term skilled nursing-home care costs and only provides coverage following hospitalization<sup>5</sup>
- Most Medicare does not pay for help with Activities of Daily Living.

So if not from Medicare, where will your long-term care funding come from?

---

## misconception #four

*"My long-term care expenses will be taken care of by Medicaid."*

### The facts:

- Medicaid is the federal program that provides health care coverage to lower-income Americans. Medicaid pays benefits either immediately, for people meeting federal poverty guidelines, or after nursing home residents exhaust their savings and become eligible.<sup>5</sup>

Would you rather receive care how and where you want with the flexibility of a Long-Term Care Insurance plan?

---

## misconception #five

*"My family will take care of me."*

**The facts:** In a study of 935 caregivers employed while caregiving, those surveyed said they made at least one formal adjustment to their working schedule as a result of caring for a loved one.<sup>6</sup>

- 57% go in late and leave early
- 17% took a leave of absence
- 10% had to cut back to part time hours
- 6% had to give up their work entirely

Will your family be available to provide the care needed? Will they have the resources to pay for the assistance that may be required? More importantly, how will you feel about your family being your caregiver?

- 1 MetLife Market Survey of Nursing Home & Assisted Living Costs, October 2007. Rates vary based on geographical location and other factors.
- 2 Based on an Ideal Policy at age 55 with a \$150 Daily Benefit Amount, 5 Year TLB 100 Service Day, with 5% Compound Inflation and 15% marital discount.
- 3 A study by the U.S. Department of Health and Human Services. Congressional budget office. "Financing Long-Term Care for the Elderly." April 2004
- 4 Spillman, B. and Lubitz, J. (2002) New Estimates of Lifetime Nursing Home Use: Have Patterns of use changed? Medical Care, October.
- 5 America's Health Insurance Plans (AHIP), Revised edition, 2003, 2004.
- 6 Caregiving in the U.S., National Alliance for Caregiving and AARP, 2004.

Metropolitan Life Insurance Company ("MetLife®")

Subject to state availability, Metropolitan Life Insurance Company ("MetLife") individual Long-Term Care ("LTC") Insurance coverage is offered by the following MetLife policies: LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC, and LTC2007. In some states, these identifiers may be followed by the state's 2-letter abbreviation; "ML" for Multi-Life; and/or "P" for Partnership policies.

MetLife's LTC Insurance policies are guaranteed renewable and, like most LTC Insurance policies, cannot be cancelled due to an increase in your age or a change in your health. Premium rates can be raised as the result of a rate increase made on a class-basis. Like most LTC Insurance policies, MetLife's policies contain certain exclusions, limitations, elimination periods, reductions of benefits and terms for keeping them in-force. A MetLife appointed licensed insurance agent can provide you with complete costs and details.

Long-Term Care Insurance is issued and distributed by Metropolitan Life Insurance Company ("MetLife®"), 200 Park Avenue, New York, NY 10166 and also distributed by MetLife Investors Distribution Company, 5 Park Plaza, Suite 1900, Irvine, CA 92614. February 2008

|   |
|---|
| • Not a Deposit Or Other Obligation Of Bank • Not FDIC-Insured • Not Insured By Any Federal Government Agency • Not Issued, Guaranteed Or Underwritten By Bank Or FDIC • Not A Condition To The Provision Or Term Of Any Banking • Service Or Activity • Policy Is An Obligation Of The Issuing Insurance Company |
|---|

|                                 |   |                               |                             |
|---------------------------------|---|-------------------------------|-----------------------------|
| <i>SERFF Tracking Number:</i>   | <i>META-125615577</i>                       | <i>State:</i>                 | <i>Arkansas</i>             |
| <i>Filing Company:</i>          | <i>Metropolitan Life Insurance Company.</i> | <i>State Tracking Number:</i> | <i>38741</i>                |
| <i>Company Tracking Number:</i> | <i>IDG08-20</i>                             |                               |                             |
| <i>TOI:</i>                     | <i>LTC03I Individual Long Term Care</i>     | <i>Sub-TOI:</i>               | <i>LTC03I.001 Qualified</i> |
| <i>Product Name:</i>            | <i>Individual LTCI Advertising</i>          |                               |                             |
| <i>Project Name/Number:</i>     | <i>IDG08-20/IDG08-20</i>                    |                               |                             |

## **Rate Information**

Rate data does NOT apply to filing.

|                          |                                      |                        |                      |
|--------------------------|--------------------------------------|------------------------|----------------------|
| SERFF Tracking Number:   | META-125615577                       | State:                 | Arkansas             |
| Filing Company:          | Metropolitan Life Insurance Company. | State Tracking Number: | 38741                |
| Company Tracking Number: | IDG08-20                             |                        |                      |
| TOI:                     | LTC03I Individual Long Term Care     | Sub-TOI:               | LTC03I.001 Qualified |
| Product Name:            | Individual LTCI Advertising          |                        |                      |
| Project Name/Number:     | IDG08-20/IDG08-20                    |                        |                      |

## Supporting Document Schedules

|                          |           |                       |            |
|--------------------------|-----------|-----------------------|------------|
| <b>Satisfied -Name:</b>  | NAIC Form | <b>Review Status:</b> |            |
| <b>Comments:</b>         |           | Filed-Closed          | 07/23/2008 |
| <b>Attachment:</b>       |           |                       |            |
| AR _ NAIC_Individual.pdf |           |                       |            |

|                         |              |                       |            |
|-------------------------|--------------|-----------------------|------------|
| <b>Satisfied -Name:</b> | cover letter | <b>Review Status:</b> |            |
| <b>Comments:</b>        |              | Filed-Closed          | 07/23/2008 |
| <b>Attachment:</b>      |              |                       |            |
| AR_I_Filing Letter .pdf |              |                       |            |

**Life, Accident & Health, Annuity, Credit Transmittal Document**

Reset Form

|     |  |  |                                  |              |                      |            |         |
|-----|--|--|----------------------------------|--------------|----------------------|------------|---------|
| 1.  | Prepared for the State of  |  | ARKANSAS                         |              |                      |            |         |
| 2.  | Department Use Only  |  |                                  |              |                      |            |         |
|     | State Tracking ID  |  |                                  |              |                      |            |         |
|     |  |  |                                  |              |                      |            |         |
| 3.  | Insurer Name & Address   | Domicile   | Insurer License Type             | NAIC Group # | NAIC #               | FEIN #     | STATE # |
|     | Metropolitan Life Insurance Company<br>Long-Term Care Insurance Division<br>57 Greens Farms Road<br>Westport, CT 06881-9909                    | New York   | A&H                              | 241          | 65978                | 13-5581829 |         |
| 4.  | Contact Name & Address   | Telephone #  | Fax #                            |              | E-mail Address       |            |         |
|     | Mary J. Rinaldi<br>Metropolitan Life Insurance Company<br>Long-Term Care Insurance Division<br>57 Greens Farms Road<br>Westport, CT 06881-9909 | 203.221.3859   | 203.221.6573                     |              | mrinaldi@metlife.com |            |         |
| 5.  | Requested Filing Mode  | <input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational<br><input type="checkbox"/> Combination (please explain): _____<br><input type="checkbox"/> Other (please explain): _____   |                                  |              |                      |            |         |
| 6.  | Company Tracking Number: IDG08-20  |  | Advertising Form(s): ADF#1786.07 |              |                      |            |         |
| 7.  | <input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission <input type="checkbox"/> Previous file #              |  |                                  |              |                      |            |         |
| 8.  | Market   | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise<br><input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large<br><input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket<br><input type="checkbox"/> Discretionary <input type="checkbox"/> Trust<br><input type="checkbox"/> Other: _____ |                                  |              |                      |            |         |
| 9.  | Type of Insurance  | LTC031 Individual Long-Term Care Insurance   |                                  |              |                      |            |         |
| 10. | Product Coding Matrix Matix Filing Code  | LTC031.001 - Qualified   |                                  |              |                      |            |         |

|     |                              |  |
|-----|------------------------------|--|
| 11. | Submitted Documents          | <input type="checkbox"/> <b>FORMS</b><br><input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate<br><input type="checkbox"/> Application <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising<br><input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other<br><br><input type="checkbox"/> <b>RATES</b><br><input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate<br><br><input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATES:</b> _____<br>Please explain:<br><br><b>SUPPORTING DOCUMENTATION</b><br><input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization<br><input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements<br><input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications<br><input type="checkbox"/> Actuarial Memorandum<br><input type="checkbox"/> Other: _____ |
| 12. | Filing Submission Date       | April 18, 2008   |
| 13. | Filing Fee<br>(If required)  | Amount \$25.00 . _____ Check Date April 10, 2008<br>Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number 000913284   |
| 14. | Date of Domiciliary Approval | NA New York does not require LTCI advertising to be filed.   |
| 15. | Filing Description:          | INDIVIDUAL LONG-TERM CARE INSURANCE ADVERTISING MATERIAL(S)  |
|     | PLEASE SEE COVER LETTER      |  |

**View Complete Filing Description**

|   |                             |  |
|---|-----------------------------|--|
| 16.   | Certification (If required) |  |
| <b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>ARKANSAS</u> |                             |  |
| Print Name <u>Mary J. Rinaldi</u>   |                             | Title: <u>Consultant-Compliance/Marketing/AD</u> |
| Original Signature <u><i>Mary J. Rinaldi</i></u>  |                             | Date <u>April 18, 2008</u>                       |

|   |                               |                 |
|---|-------------------------------|-----------------|
| <b>17.</b>  | <b>Form Filing Attachment</b> |                 |
| <b>This filing transmittal is part of company tracking number</b>     |                               | <b>IDG08-20</b> |
| <b>This filing corresponds to rate filing company tracking number</b> |                               |                 |

|    | <b>Document Name</b>                               | <b>Form Number</b> |   | <b>Replace Form Number</b>          |
|----|--|--------------------|---|-------------------------------------|
|    | <b>Description</b>                                 |                    |   | <b>Previous State Filing Number</b> |
| 01 | Five common Long-Term Care Misconceptions Brochure | <b>ADF#1786.07</b> | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Revised<br><input type="checkbox"/> Other |                                     |
| 02 |  |                    | <input type="checkbox"/> Initial<br><input type="checkbox"/> Revised<br><input type="checkbox"/> Other            |                                     |
| 03 |  |                    | <input type="checkbox"/> Initial<br><input type="checkbox"/> Revised<br><input type="checkbox"/> Other            |                                     |
| 04 |  |                    | <input type="checkbox"/> Initial<br><input type="checkbox"/> Revised<br><input type="checkbox"/> Other            |                                     |
| 05 |  |                    | <input type="checkbox"/> Initial<br><input type="checkbox"/> Revised<br><input type="checkbox"/> Other            |                                     |
| 06 |  |                    | <input type="checkbox"/> Initial<br><input type="checkbox"/> Revised<br><input type="checkbox"/> Other            |                                     |
| 07 |  |                    | <input type="checkbox"/> Initial<br><input type="checkbox"/> Revised<br><input type="checkbox"/> Other            |                                     |
| 08 |  |                    | <input type="checkbox"/> Initial<br><input type="checkbox"/> Revised<br><input type="checkbox"/> Other            |                                     |
| 09 |  |                    | <input type="checkbox"/> Initial<br><input type="checkbox"/> Revised<br><input type="checkbox"/> Other            |                                     |
| 10 |  |                    | <input type="checkbox"/> Initial<br><input type="checkbox"/> Revised<br><input type="checkbox"/> Other            |                                     |
| 11 |  |                    | <input type="checkbox"/> Initial<br><input type="checkbox"/> Revised<br><input type="checkbox"/> Other            |                                     |
| 12 |  |                    | <input type="checkbox"/> Initial<br><input type="checkbox"/> Revised<br><input type="checkbox"/> Other            |                                     |

LH FFA-1

|   |                      |                               |   |                                     |
|---|----------------------|-------------------------------|---|-------------------------------------|
| <b>18.</b>  |                      | <b>Rate Filing Attachment</b> |   |                                     |
| <b>This filing transmittal is part of company tracking number</b>     |                      |                               |   |                                     |
| <b>This filing corresponds to form filing company tracking number</b> |                      |                               |   |                                     |
| <b>Overall percentage rate impact for this filing</b>                 |                      | <b>%</b>                      |   |                                     |
|   | <b>Document Name</b> | <b>Affected Form Numbers</b>  |   | <b>Previous State Filing Number</b> |
|   | <b>Description</b>   |                               |   |                                     |
| 01  |                      |                               | <input type="checkbox"/> New<br><input type="checkbox"/> Revised<br>Request + ____% - ____%<br><input type="checkbox"/> Other _____ |                                     |
|   |                      |                               |   |                                     |
| 02  |                      |                               | <input type="checkbox"/> New<br><input type="checkbox"/> Revised<br>Request + ____% - ____%<br><input type="checkbox"/> Other _____ |                                     |
|   |                      |                               |   |                                     |
| 03  |                      |                               | <input type="checkbox"/> New<br><input type="checkbox"/> Revised<br>Request + ____% - ____%<br><input type="checkbox"/> Other _____ |                                     |
|   |                      |                               |   |                                     |
| 04  |                      |                               | <input type="checkbox"/> New<br><input type="checkbox"/> Revised<br>Request + ____% - ____%<br><input type="checkbox"/> Other _____ |                                     |
|   |                      |                               |   |                                     |
| 05  |                      |                               | <input type="checkbox"/> New<br><input type="checkbox"/> Revised<br>Request + ____% - ____%<br><input type="checkbox"/> Other _____ |                                     |
|   |                      |                               |   |                                     |
| 06  |                      |                               | <input type="checkbox"/> New<br><input type="checkbox"/> Revised<br>Request + ____% - ____%<br><input type="checkbox"/> Other _____ |                                     |
|   |                      |                               |   |                                     |
| 07  |                      |                               | <input type="checkbox"/> New<br><input type="checkbox"/> Revised<br>Request + ____% - ____%<br><input type="checkbox"/> Other _____ |                                     |
|   |                      |                               |   |                                     |
| 08  |                      |                               | <input type="checkbox"/> New<br><input type="checkbox"/> Revised<br>Request + ____% - ____%<br><input type="checkbox"/> Other _____ |                                     |
|   |                      |                               |   |                                     |
| 09  |                      |                               | <input type="checkbox"/> New<br><input type="checkbox"/> Revised<br>Request + ____% - ____%<br><input type="checkbox"/> Other _____ |                                     |
|   |                      |                               |   |                                     |

LH RFA-1



Metropolitan Life Insurance Company  
57 Greens Farms Road, Westport, CT 06880  
Tel 203 221-3859 Fax 203 221-6573  
Mrinaldi@metlife.com

**MetLife®**

**Mary J. Rinaldi**  
Long-Term Care

April 18, 2008

Commissioner of Insurance  
Arkansas Insurance Department  
1200 West 3rd Street  
Little Rock, Arkansas 72201-1904

**Re: Filing No. IDG08-20**  
Metropolitan Life Insurance Company ("MetLife")  
Individual Long-Term Care Insurance Advertising  
NAIC Company No. 65978 - FEIN 13-5581829

Dear Sir/Madam:

We enclose for filing electronic copies of the Individual long-term care advertising material described below. The material is intended for use with the following approved Individual long-term care policy forms LTC2-IDEAL AR, LTC2-PREM AR, LTC2-VAL AR, LTC2-FAC AR approved by your Department on January 13, 2005 and LTC2007 AR approved on August 17, 2007.

The advertising material is new and does not replace any materials previously filed with your Department.

| <b>Advertising Form Number</b> | <b>Brief Description of Invitation to Contract</b> |
|--------------------------------|--|
| ADF#1786.07                    | Five common Long-Term Care misconceptions          |

- Since people in general have misconceptions about long-term care, this piece describes five of them. Then the true facts about these misconceptions are given. Facts are sourced as well. This advertisement will be used as handout/payroll stuffer to the client form the agent.

The NAIC form is enclosed and the filing fee check has been mailed to your Department.

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,



Mary J. Rinaldi  
Consultant-Compliance Marketing/AD